SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

Page 1 of 17

COVER PAGE

1. NAME OF COMMITTEE				
BRITTANY	PUR BRIST	υζ		
2. TREASURER NAME				
First KAREN	MI	Last VIBERT		Suffix
3. TREASURER ADDRESS				
Street Address 114 RPACE	RU	FRISTIL	State	Zip Code
4. ELECTION/REFERENDUM DATE	5. OFFICE SOUGHT (Complete	e only if Candidate Committee)		6. DISTRICT NUMBER
(mm/dd/yyyy) /0/05/301 G	city co	unal		(if applicable)
7. CANDIDATE NAME (Complete only if	Candidate or Exploratory Committee)			
BRITANY	MI	BARNEY		Suffix
8. TYPE OF REPORT (Check One Box)				
O January 10 filing	O7th day preceding primary	y 7th day preceding referendum	Initial Cont	tribution or Disbursement
April 10 filing	O30 days following primary	y 045 days following referendum	Amendmen	nt to
July 10 filing	○7th day preceding election	n O Deficit	Type of Rep	
October 10 filing	O12th day preceding election (State Central Committees Only)			
O24 Hour Independent Expenditure OPrimary OElection	O45 days following election not held in November			
9. PERIOD COVERED				
	Beginning Date	Ending Date		
	10/01/849	thru 10/27/2019		
10. CERTIFICATION		<u> </u>		
	enalties of false statement, riod covered is true, accur	that all of the information set forth on the and complete.	nis Itemized Can	mpaign Finance
fray VUSa-		KAREN VIBERT		10-26-19
TREASURER OR DEPUTY TREASURE	ER (SIGNATURE)	PRINT NAME OF SIGNER		DATE (mm/dd/yyyy)

A person who is found to have knowingly and willfully violated any provisions of the campaign finance statutes faces a civil penalty or imprisonment or both.

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TO	OTALS	
AME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT	
BOITTANY YOIC BRISTOL	COLUMN A	ELECTON
그렇다. 한 제 그리다 그래 그렇다 그리다 하다 하다 하다.	This Period	COLUMN B Aggregate
11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees		
12. Balance on hand at the beginning of Reporting Period	1680.61	
13. Contributions Received from Individuals (Sections A and B)	Lole0.00	2535.00
14. Receipts from Other Committees (Sections C1 and C2)	0.00	0.00
15. Other Monetary Receipts (Sections D through K)	0.00	0.00
16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3)	0.00	0.00
16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed		
16c. Total Purchases of Advertising—Program Book or Sign (Section L3)	0.00	0.00
17. Total Monetary Receipts (add totals for Lines 13 through 16c)	G6000	2535.00
18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B)	2380,60	2535.00
13. Expenses Paid by Committee (Section P)	103.43	35787
20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns)	2170.17	2100.9%
21. In-Kind Donations not Considered Contributions Received (Section L4)	0.60	0.00
22. In-Kind Donations not Considered Contributions — House Party (Section L5)	0,00	0.00
23. In-Kind Contributions Received (Section M)	000	000
24. Refundable Deposit to Telephone Company (Section N)	0.00	500
25. Loan Balance	0.00	
25a. + Loans Received (Section D)	0.00	0,00
25b. + Interest and Penalties on Loan	\$,06	0,00
25c Payments on Loan	0.06	800
25d. Total Outstanding Loan Amount	0.00	
Campaign Expenses Paid by Candidate (Section Q)	0.00	0.00
27. Expenses Incurred on Committee Credit Card (Section R)	0.00	0.00
28. Expenses Incurred by Committee During this Period but Not Paid (Section S)	0.00	
28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S)	0.00	

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
BRITTANY POR BRISTOL	7th day preelection
Total Contributions from Small Contributors-Received this Period ON (See instructions for definition of Small Contributor) SUBTOTAL SECTIO	LY
B. Itemized Contributions from I	ndividuals
Last Name VIETS First WILL	IAM
Residential Street Address SI NATALIE COURT City BRISTO	State Zip Code CT XX0010
	m VEITS EA
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes or dependent child of a lobbyist? Yes does contributor or business he/she is associated with have a valued at more than \$5,000? Yes	
1) yes, list Liver —	ecutive OLegislative O No
Method of Contribution: OCash Orersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order Date Received // -07-/	
Last Name BALVATORE First PINA	MI
Residential Street Address 59 STRAWBERRY HILL RD BRISTOL	
ipal Occupation Name of Employer	
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No If contribution is in excess of \$400 to a candidate for a chief does contributor or business he/she is associated with have a valued at more than \$5,000? Yes	
Is this contribution associated with an event reported in Section L1? If yes, list Event # Is contributor a principal of a state contractor or prospective, indicate which branch or branches of government the contract is with:	ctive state contractor? Syes No Legislative
Method of Contribution: Cash OPersonal Check Ocredit/Debit Card OPayroll Deduction Omoney Order // U-U7-1	
PELLETIER JAME	
Residential Street Address 118 STEARNS ST BEISTON	
Principal Occupation PUTICE OFFICES Name of Employe BY 15	W
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? No Yes If contribution is in excess of \$400 to a candidate for a chief does contributor or business he/she is associated with have a valued at more than \$5,000? Yes	contract with said municipality No
	eccutive OLegislative
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction OMoney Order Date Received 10-9-12	
SUBTOTAL Section B -	This Page 310.00
TOTAL of additional Sect	ion B Pages 350.00
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Se	

Section B ADDITIONAL PAGE 2 of 2

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository)	TYPE OF REPORT
BRITTANY FOR BRISTOL	7TH DAY BEFORE ELECTION
Total Contributions from Small Contributors-Received this Period (See instructions for definition of Small Contributor) SUBTOTAL SE	d ONLY C
B. Itemized Contributions fr	om Individuals
Desidential Street Address	11LY M
SU RAYBERRY DR Principal Occupation	
ASSOC DIRECTO Admissions	Yate U
or dependent child of a lobbyist? does contributor or business he/she is associated with h valued at more than \$5,000?	ave a contract with said municipality es ONo
W.1.1.00 + 7 + 1	OExecutive OLegislative O No
OCash OPersonal Check OCredit/Debit Card OPayroll Deduction OMoney Order	
DUMECIN	yan MI
Residential Street Address 168 MAPLE AV BRISTON al Occupation Director, Email markety 7	
	laveless Ins
Is contributor a lobbyist, spouse, or dependent child of a lobbyist? If contribution is in excess of \$400 to a candidate for a does contributor or business he/she is associated with he valued at more than \$5,000?	ave a contract with said municipality
Is this contribution associated with an event reported in Section L1? If yes, list Event # Yes	rospective state contractor? Syes No Executive O Legislative
Method of Contribution: OCash OPersonal Check Oredit/Debit Card OPayroll Deduction OMoney Order Date Receive 10 -0	Aggregate Contributions
Last Name First	MI
Residential Street Address City	State Zip Code
Principal Occupation Name of Em	ployer
If contribution is in excess of \$400 to a candidate for a contribution does contributor or business he/she is associated with have valued at more than \$5,000?	ve a contract with said municipality
	Despective state contractor? Syes No Secutive O Legislative
Method of Contribution: Cash Personal Check Ocredit/Debit Card Payroll Deduction Omoney Order Date Receive	d Aggregate Contributions
SUBTOTAL Section	B — This Page
TOTAL of additional S	ection B Pages
TOTAL OF ALL CONTRIBUTIONS FROM INDIVIDUALS (Enter total on Line 13, Column A of Sun	(Sections A + B) mary Page Totals)

NAME OF COMMITTEE	(Provide Complete Na	me as Registered w	ith Filing Reposit	tory)		111EC	F REPORT	0(e e	etion
		the content of the second second	and the second second second second	ns from O	ther Comn	nittees	day		
of Committee					Name of Treas				
Address				Is this contri	bution associate	ed with an OYe	- ONo	Amount	of Contribution
				event report	ed in Section L1	l? ist Event#	5/ 1/10		
City		State	Zip Code	Date Rece		Aggregate Contri	butions		
Name of Committee			<u> </u>		Name of Treas	urer			
Address				Is this contri	L bution associate	ed with an Ye	s ONo	Amount of	of Contribution
				event reporte	ed in Section L1	? ist Event#			
City		State	Zip Code	Date Rece		Aggregate Contri			
Name of Committee					Name of Treas	urer			
Address				Is this cont	bution associate	ad with an 🗪 V	ON-	Amount	of Contribution
				event reporte	ed in Section L1	ed with an Ye		Amount	
City		State	Zip Code	Date Recei		st Event #			
				. I*		00 0			
		Sarato de la companya de la company	33,743,445,475						Carron and a contract
	C2. Rein	nbursement	s or Surpl	us Distribu	•	other Comr	nittees		
Name of Committee	C2. Rein	nbursement	s or Surpl	us Distribu	Name of Treas		nittees		
Name of Committee	C2. Rein	nbursement	s or Surpl	us Distribu	•		nittees		
Name of Committee Address	C2. Rein	nbursement	s or Surpl	us Distribu	•		nittees	State	Zip Code
	C2. Rein	nbursement	s or Surpl		•		nittees	State	Zip Code
Address Date Received Expen	C2. Rein	nbursement Payment Type	s or Surpl		•		nittees		Zip Code
Address Date Received Expen	ıditure#			City	•	urer	nittees		
Address Date Received Expen	ıditure#	Payment Type		City	Name of Treaso	urer	nittees		
Address Date Received Expen	ıditure#	Payment Type		City	Name of Treaso	urer	nittees		
Address Date Received Expen	ıditure#	Payment Type		City	Name of Treaso	ion	nittees		
Address Date Received Expen ff app Description	ıditure#	Payment Type		City	Name of Treass	ion	nittees		
Address Date Received Expen ff app Description	ıditure#	Payment Type		City	Name of Treass	ion	nittees		
Address Date Received Expen (if app) Description Name of Committee	ıditure#	Payment Type		City xpense OS	Name of Treass	ion	nittees	Amoun	nt of Receipt
Address Date Received Expendif app Description Name of Committee Address Date Received Expend	nditure # plicable)	Payment Type		City xpense OS	Name of Treass	ion	nittees	Amoun	nt of Receipt
Address Date Received Expendif app Description Name of Committee Address Date Received Expend	nditure# plicable)	Payment Type OReimburseme	ent for shared e	City Kpense OS	Name of Treass	ion	nittees	Amoun	It of Receipt
Address Date Received Expendif app Description Name of Committee Address Date Received Expend	nditure # plicable)	Payment Type Reimburseme Payment Type	ent for shared e	City Kpense OS	Name of Treasu	ion	nittees	Amoun	It of Receipt
Address Date Received Expen (if app Description Name of Committee Address Date Received Expen (if app	nditure # plicable)	Payment Type Reimburseme Payment Type	ent for shared e	City Kpense OS	Name of Treasu	ion	nittees	Amoun	It of Receipt
Address Date Received Expen (if app Description Name of Committee Address Date Received Expen (if app	nditure # plicable)	Payment Type Reimburseme Payment Type	ent for shared e	City City City	Name of Treasu	ion	nittees	Amoun	It of Receipt
Address Date Received Expen (if app Description Name of Committee Address Date Received Expen (if app	nditure # plicable)	Payment Type Reimburseme Payment Type	ent for shared example of the shared example. SUBTO	City City City TAL Sectio	Name of Treasu In Name of Treasu Name of Treasu Surplus Distrib	ion urer urer	nittees	Amoun	It of Receipt
Address Date Received Expen (if app Description Name of Committee Address Date Received Expen (if app Description	nditure # plicable)	Payment Type OReimburseme Payment Type OReimburser	ment for shared examples and the shared subtrocord and the shared subt	City City City TAL Section f additiona	Name of Treasu Name of Treasu Surplus Distribut This Section C I	urer urer Page Pages	nittees	Amoun	Zip Code

NAME OF COMMITTEE (Provide Complete Name as Registered with	Filing Reposito	ory)		TYPE OF I	REPORT	
BRITIANY FOR BENS	5-101			7th	day	pre elect
	D. Loans	Receive	d this Period		. 0	
of Lender			ource of Loan: Bank Car	ndidate O Individual	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender			ource of Loan: OBank Can	ndidate () Individual	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
Name of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
Name of Lender			ource of Loan: OBank Can	ndidate O Individual	Other Committee	Date of Receipt
Street Address	City			State	Zip Code	Is there a Cosigner or Guarantor of this loan? Yes No
of Cosigner/Guarantor (if applicable)						Amount Received
Street Address	City			State	Zip Code	
		1	OTAL SECT	ION D		
E. Receipts from Entities other th	an Indivi	duals or	Other Com	mittees (Referen	dum Committ <i>e</i>	øs ONLY)
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contribu	utions	
Name of Entity						
Street Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contribu	ıtions	
Name of Entity						
Address				Date Received		Amount Received
City		State	Zip Code	Aggregate Contribu	utions	
			TOTAL SECT	ΓΙΟΝ Ε		0.00

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	F. Amount Transferred	l from Affiliated B	usiness Treasury (B	usiness Entity Comn	ay pre etecs
of Receipt	Is this transaction asso event reported in Section	ciated with an Yes			Amount
te of Receipt	Is this transaction associate event reported in Section	103	If yes, list Event #		Amount
te of Receipt	Is this transaction associate event reported in Section		If yes, list Event #		Amount
te of Receipt	Is this transaction associate event reported in Section	1 03	If yes, list Event #		Amount
			TOTAL SECT	ION F	
G. Amount T	Fransferred from Affilia	nted Labor Union	or Other Organizati	on Treasury <i>(Or</i> s	ganization Committees ONLY,
te of Receipt		Date of Receipt		Date of Receipt	and an Commence of Services
Amount					
	Amount		Amount		Amount
	Amount				Amount
			Amount TOTAL SECTIO	DN G	Amount
			TOTAL SECTIO		
e of Receipt	H. Personal Funds of Method of payment:		TOTAL SECTIO		
	H. Personal Funds of Method of payment:	the Candidate Re	TOTAL SECTIO	Candidate Committe	es ONLY)
e of Receipt	H. Personal Funds of		TOTAL SECTIO	Candidate Committe	es ONLY) Amount
of Receipt	H. Personal Funds of Method of payment: OCash	the Candidate Re	TOTAL SECTION ceived this Period (Candidate Committe	es ONLY)
e of Receipt	H. Personal Funds of Method of payment: OCash Method of payment:	the Candidate Re	TOTAL SECTION ceived this Period (Candidate Committe	es ONLY) Amount Amount
e of Receipt	H. Personal Funds of Method of payment: OCash Method of payment: OCash Method of payment:	the Candidate Re O Personal Cl	TOTAL SECTION ceived this Period (deck O Credit/Deck O Credit/Deck	Candidate Committe bit Card bit Card	es ONLY) Amount
of Receipt of Receipt	H. Personal Funds of Method of payment: OCash Method of payment: OCash	the Candidate Re	TOTAL SECTION ceived this Period (deck O Credit/Deck O Credit/Deck	Candidate Committe bit Card bit Card	es ONLY) Amount Amount Amount
e of Receipt e of Receipt e of Receipt	H. Personal Funds of Method of payment: OCash Method of payment: OCash Method of payment: OCash Method of payment: OCash	the Candidate Re O Personal Cl	TOTAL SECTION ceived this Period (contect Contect Cont	Candidate Committe bit Card bit Card	es ONLY) Amount Amount
e of Receipt e of Receipt e of Receipt	H. Personal Funds of Method of payment: OCash Method of payment: OCash Method of payment: OCash Method of payment:	The Candidate Re Personal Cl Personal Cl Personal Cl	TOTAL SECTION ceived this Period (neck O Credit/De neck O Credit/De	Candidate Committe bit Card bit Card bit Card	es ONLY) Amount Amount Amount
	H. Personal Funds of Method of payment: OCash Method of payment: OCash Method of payment: OCash Method of payment:	The Candidate Re Personal Cl Personal Cl Personal Cl	TOTAL SECTION ceived this Period (deck O Credit/Deck) deck O Credit/Deck deck O Credit/Deck	Candidate Committe bit Card bit Card bit Card	es ONLY) Amount Amount Amount

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

	IONETARY RECEIPTS	the state of the s				Page 7 of 17
NAME OF COMMITTEE (Provide Complete Name as Reg				REPORT		A 4
	BENTUL		<u> 74/17</u>	day	Oll	election
J. I	nterest from Deposits in Autho	rized Accounts		. Yata√		
e of Institution		ľ	ate Recei	ved		Amount
Street Address	City	Stat	e	Zip Code		
Name of Institution			ate Recei	ved		Amount
Street Address	City	Stat	е	Zip Code		
	TO'	FAL SECTION	J			
K. Miscellan	eous Monetary Receipts not C	onsidered Con	tributi	ons		
Name			Date	of Transaction		Amount Received
Street Address	City		State	Zip Code		
Description						
Name			Date	of Transaction		Amount Received
Street Address	City		State	Zip Code		
Pescription						
Name			Date	of Transaction		Amount Received
Street Address	City		State	Zip Code		
Description						
Name			Date	of Transaction		Amount Received
Street Address	City		State	Zip Code		
Description						
	TOTAL	SECTION K				
SUMMARY OF	OTHER MONETARY RECE	IPTS (Sections	D thr	ough K)		
Total Loans Received this Period (Section D)						
Total Receipts from Entities other than Individu	uals or Other Committees (Section E)		+ 1			
Total Amount Transferred from Affiliated Busi	ness Treasury (Section F)		+			
Total Amount Transferred from Affiliated Lab	or Union or Other Organization Trea	sury (Section G)	+			
al Amount of Personal Funds of the Candida	ate Received this Period (Section H)		+			
Total Amount of Interest from Deposits in Auth	orized Accounts (Section J)	A	+			
Total Miscellaneous Monetary Receipts not Con	nsidered Contributions (Section K)		+			
(Add Sections	Total of Oth D through K) (Enter total on Line 15, Col	ier Monetary F umn A of Summary F			.0	0

NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) BRITTAUM FOR BRISTING	TYPE OF REPORT	pre election
	t Information	pre excore
ent # Description	(Information	
Letter Letter		Was this a fundraising event? OYes No
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees) Was this event hosted at a personal residence?	OYes (If yes, go to Section L5 In-Kind Donations	
	Associated with a House Party and comple purchases made by host(s) for food, beverage No	
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (<i>If yes</i> , go to Section L4 In-Kind Donations and complete required information.)	not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items	OYes (If yes, enter Total Receipts here.)	
with purchases from an individual of up to \$100?	O No	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Committees were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	mittees other than Exploratory Committees) O Yes (If yes, go to Section L3 Purchases of Adveror or on a Sign and complete required inform	
	ONo	atton.)
Subpart 3: (Town Committees ONLY)	O.V. (12)	
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	Yes (If yes, enter Total Receipts here.)	\$
	ONo	
ent # Description of Event Letter		Was this a fundraising event? OYes ONo
Location: Street Address	City	State Zip Code
Subpart 1: (All Committees)		
Was this event hosted at a personal residence?	Yes (If yes, go to Section L5 In-Kind Donations Associated with a House Party and comple purchases made by host(s) for food, beverage No	te required information for any
Did this fundraiser include goods or services donated by a business entity of up to \$200 or items donated by an individual of up to \$100?	Yes (<i>If yes</i> , go to Section L4 In-Kind Donations and complete required information.) No	not Considered Contributions
Was this fundraiser a tag sale, auction, or other sale of donated items	Yes (If yes, enter Total Receipts here.)	
with purchases from an individual of up to \$100?	O No	\$
Subpart 2: (Party Committees, Municipal Candidates and Political Comm Were there purchases of advertising space in a program book or on a sign associated with this fundraiser?	nittees other than Exploratory Committees) Yes (If yes, go to Section L3 Purchases of Adveror or on a Sign and complete required inform	5 x 5
Subpart 3: (Town Committees ONLY)	<u> </u>	
Did your committee sell food or beverage at a fair or similar mass gathering held within the state with this fundraiser?	OYes (If yes, enter Total Receipts here.) ONo	\$
SUBTOTAL Section L1—Subpart 1 (All Committees) Total Receipts fr		
	ion L1—Subpart 3 (Town Committees ONLY) ipts from Food Purchases — This Page	
	TOTAL of additional Section L1 Pages	
- 사용, 하는 수업이 하면 가는 것이 되었다. 하는 것이 되었다. 이 사람들은 사용하는 것이 되었다. 그런 그는 것이 되었다. 그런 그는 것이 되었다. 그런 그는 것이 없는 것이 되었다. 그런 그 - 사용, 하는 사용, 하는 것이 하는 것이 되었다. 그런	IPTS FROM SMALL PURCHASES	

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. Section L2. removed

BRITTAI	UY FOR	e as Registered with Filing Repository) BPISTY	Thday	pre elector
	L3. Pi	urchases of Advertising in a Prog		
ame of Purchaser	t Magda, i i i i i i i i i i i i i i i i i i i	este, in the American state of the American State of the American State of the American State of the American		hase Made By:
				Business Entity Other
				ndividual/Sole Proprietorship
reet Address		City		State Zip Code
te Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
me of Purchaser			Purcl	nase Made By:
				Business Entity Other
			O	ndividual/Sole Proprietorship
et Address		City		State Zip Code
e Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
ne of Purchaser			Purcl	nase Made By:
			O 1	Business Entity Other
			Oi	ndividual/Sole Proprietorship
Address		City		State Zip Code
te Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
CD 1				
ne of Purchaser			in the state of th	nase Made By:
				Business Entity Other
et Address		F		ndividual/Sole Proprietorship
et Address		City		State Zip Code
e Received	Event #	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
ne of Purchaser			Purcl	nase Made By:
				Business Entity Other
			O1	ndividual/Sole Proprietorship
et Address		City		State Zip Code
te Received	Event#	Aggregate Purchases for All Events	Amount of Program Ad Purchase	Amount of Sign Purchase
	SUBTOTAL Sect	ion L3 Total Purchases of Advertising in	Program Book — This Page	
	SUBTOT	AL Section L3 Total Purchases of Adver	tising on a Sign — This Page	
			Control to the Control of the Contr	
		TOTAL 0	f additional Section L3 Pages	

NAME OF COMMITT	AIM IN	BRISTY		TYPE OF R		vo 1	Och
, pour	AND DU		ns Not Cons	idered Contributions	2 1	ore w	letion
Name of Donor	<u> </u>	III-Kina Donauo	us ivoi cons	idered Contributions			
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair	Market Va	lue of Donatior
Business Entity							
OIndividual	Date Received	Event #		Aggregate Value for this Event			
O Sole Proprietorship							
Name of Donor							
Street Address			City			State	Zip Code
Donation Given By:	Description of Donation						
Business Entity	Description of Donation				Fair	Market Va	lue of Donation
OIndividual	D. D. I	I		T			
O Sole Proprietorship	Date Received	Event #		Aggregate Value for this Event			
Name of Donor							
Address			City		. 11 N.	State	Zip Code
Donation Given By:	Description of Donation				Fair	Market Va	lue of Donation
OBusiness Entity							
OIndividual	Date Received	Event #		Aggregate Value for this Event			
O Sole Proprietorship							
Name of Donor							
Street Address			City			Lau	Tz: 0.1
Sirect Address			City			State	Zip Code
Donation Given By:	Description of Donation				Fair	Market Val	ue of Donation
Business Entity							
O Individual O Sole Proprietorship	Date Received	Event#		Aggregate value for this Event			
Sole Proprietorship							
		CII)	RTOTAL Sec	tion L4 — This Page			
		SU	DIOTAL Sec	uon L4— 1 ms rage			
		TO:	ΓAL of additio	nal Section L4 Pages			
TA	TAT OF ALT DATES	DONATIONS NOT	ONGIDEDES	CONTENENTONIC			
	AL OF ALL IN-KINI	(Enter total on Line 21				·W	
		iki kanan dang mengal pedagai 1995 berangan berangan berangan berangan berangan berangan berangan berangan ber Berangan					

II. EVENT ACTIVITY (Sections L1—L5)

NAME OF COMMITTEE	(Provide Complete Name as Registered with Filing	Repository)	i T	YPE OF REPORT
BRITT	ANY FOR BR	ISBL	7	Wholes preveled
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Description of Donation				Fair Market Value of Donation
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Revised January 2015 NAME OF COMMITTEE (Provide Complete					CEIF IS (S		OF REPORT		Fage 12 01 17
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SEEC FORM 20 Revised January 2015

IV. EXPENDITURES (Sections P—T)

Page 13 of 17

Espenditure # (applicable) Type of Expenditure (temization in Addendum P Required unless "None of the below" is checked) Organization A B C D D	NAME OF COMMI	TTEE (Provide Complete Name as Registered with Filing Repository)		TYPE OF REPORT	
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IV. EXPENDITURES (Sections P—T)

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≥ of Creditor				Date Incurred
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BRA-	TEE (Provide Complete Name as Registered with Filing Reposite TAWY FOR BRISTUL	ory)	TYPE OF REPORT	Ole Olec L
		bursements and Secondar	v Pavees	pre enect
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401-	he/	David		Person or Entity
Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant		Payment to Reimburs reported in Section P:	e Committee Worker/Consultant as
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(if applicable)	None of the below Coordinated with reimbursement sought (joint experiment) Coordinated without reimbursement sought (in-kine)	enditure)		
Last Name of Worker/Co	nsultant	First	мі	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person	or Entity Paid by Committee Worker/Consultant		Payment to Reimburge	e Committee Worker/Consultant as
			reported in Section P: Check #	_ O Debit Card OEFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		State Zip Code
ose of Expenditure	Description	Event	t#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expert Coordinated without reimbursement sought (in-kind	enditure)		
Last Name of Worker/Con	ısultant	First	MI	Date of Payment to Vendor, Person or Entity
Name of Vendor, Person of	or Entity Paid by Committee Worker/Consultant		Payment to Reimburse reported in Section P:	Committee Worker/Consultant as Debit Card EFT
Street Address of Vendor,	Person or Entity Paid by Committee Worker/Consultant	City		State Zip Code
Purpose of Expenditure (by code)	Description	Event	#	Amount
Expenditure # (if applicable)	Type of Expenditure (Itemization in Addendum T Require None of the below Coordinated with reimbursement sought (joint expense Coordinated without reimbursement sought (in-kind	nditure)	0 0 0 0	
		SUBTOTAL Section T — Thi		
		TOTAL of additional Section T	Pages	
TOTAL OF ALL	REIMBURSEMENT TO COMMITTEE V	VORKERS AND CONSULT	ANTS	103.43